

RELEASE OF GARNISHEE; CERTIFICATE OF SERVICE

Form #1DC45

IN THE DISTRICT COURT OF THE FIRST CIRCUIT
DIVISION
STATE OF HAWAI'I

Plaintiff(s)

Reserved for Court Use

XD Court Date:

Rec #

\$

Civil No.

Filing Party(ies)/Filing Party(ies)' Attorney (Name, Attorney Number, Firm Name (if applicable), Address, Telephone and Facsimile Numbers)

Defendant(s)

Name of Garnishee to be released:

Date Garnishee Order granted: (If none, date of Garnishee Summons):

RELEASE OF GARNISHEE

Judgment Creditor(s) requests that Garnishee, above named, be released from the above dated Garnishee Summons/Garnishee Order.

CERTIFICATE OF SERVICEI certify that a copy of this Release was served at the last known address(es) of Garnishee(s) or Garnishee(s)' attorney listed below on _____ by ☐ Hand-delivery or ☐ Mail, Postage Prepaid at the following address(es):

Date:

Signature of Filing Party(ies)/Filing Party(ies)' Attorney:

Print/Type Name:

In accordance with the **Americans with Disabilities Act** if you require an accommodation for your disability, please contact the District Court Administration Office at PHONE NO. 538-5121, FAX 538-5233, or TTY 539-4853 at least ten (10) working days in advance of your hearing or appointment date. For Civil related matters, please call 538-5151.

RELSGARN.X (Amended 4/18/97)v

I certify that this is a full, true, and correct
copy of the original on file in this office._____
Clerk, District Court of the above Circuit, State of Hawai'i